File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM

	DISCLOSURE	SUMMARY PAGE	200	8 OCT 16 AM 0. 5-
COMMITTEE NAME (Must b	e same as on Statement of Org	anization)		···· 3· 35
IMPORTANT: Indicate by # type (1)Statewide/Legislative/Judge (4)County Central Committee (of committee you are reporting for: Standing for Retention Candidate (5) County Candidate (6) City Cand		(R	DR-2 DISCLOSURE REPORT Office Use Only Omm. #
CANDIDATE COMMITTEES Candidate Name	ONLY:	Political Party (if applicable)	Sc	gged In Sanned Sanned Sanned Sanned Sanned Sanned Sanned Sanne
Office Sought		District (if Senate or House)	Au	dited
Late reports are subject to possing the subje	letin)	tursuant to Iowa Code sections 68B.32		
I AM FILING AOC	+ 19,2m8	REPORT FOR (1) ELECTION	I /(2)NON-E	ELECTION YEAR.
	eport date)	Indicate by	# 1	
,	O REPORT DATED	-		Was and Date of Starting
Concotti /wicitomiliti	O NEI ON BAILD		Local Comm	nittees, enter Date of Election
	ation) report and attach Notice to file reports until a DR-3 is file		County & Lo which Elect	ocal Committees, enter County in ion is held
STATEM	ENT OF CASH ON HAN	D		
committee This am	ning of the reporting period. (To ount MUST be the same as the period or must be zero if this is t		\$	856,64 1885,00
	Y TAKEN IN THIS PERIOD			1
Schedule A: Cash C	Contributions total (Attach Scher	dule A) (*also see in-kind below)		1885,00
Schedule F: Loans I	Received total (Attach Schedule	∍ F)		
		rach Schedule H)		
(Schedule i	H applies to Candidates' Com	nmittees Only)		
		SUB-TOTAL	\$	2741,64
SUBTRACT TOTAL	MONEY SPENT THIS PERIO	D		
Schedule B: Expend	litures total (Attach Schedule B) (**also see debts and loans below)		1559,63
Schedule F: Loan R	epayments total (Attach Sched	ule F)		
CASH ON HAND at the end o	f this reporting period (if final re	port balance must be zero)	\$	118201
**UNPAID BILLS (From Sche	dule D - Attach Schedule D)		\$	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sche	edule E)	\$	
		ule F)		
CONSULTANT BREAKDOW		•	<u></u> -	YESNO
CANDIDATE COMMITTEES				
	PERTY (From Schedule H - Att	ach Schedule H)	\$	
	•	unt bank statement in January of eac	ch year.	

For Instructions, See Ba	ick oi	Form
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE

A MONETARY
(Rev. 07/03) RECEIPTS

CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

HEARINY AID SOCIALIST POLITICAL ACTION Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
9/05/08	CK# CASH	PEGGY L STEVENS 2428 4th SW MASON CITY IA SO401		\$ 600 co	
9/05/08	ск# 3303	HENRY F SCHMIDT 3171 LAMACH AVE 3171 LAMACH AVE 3171 LAMACH AVE		420°	
9/05/08	ок# 7572	MARIA R MARTIN 214 A AVE WEST OSKALOOSA JA JAS77		42500	
9/05/06	CK# 7468	CORAL M JUD QNISTA ST FORT BODGE, IA 5 0501		160°°	
9/05/08	CK# 6152	JUDY SM 174 18 = 13 + 500/0		800 00	
	ID# CK#	,			
	ID# CK#				
	CK#				
	ID# CK#				
	CK#				
			SUB-TOTAL		

TOTAL (if last page of this schedule)

Page _____ of ____

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME	(Must be same	as on S	tatement o	f Organization)
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DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/8/8	ID# CK#AUTO	MELLS FARLO MASON CITY IA	SERVICE CHARGE	\$ 3,21
9/08/08	CK#AUTO	WELLS FARLYO MASON CITY TA	Service Charbe	3,21
1000/06	ID#	WELLS PARLO MASON CITY IA	Service CHARGE	3,21
	ID# CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			:
			SUB-TOTAL	\$ 9.63

TOTAL (if last page of this schedule)

\$1559,63

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B MONETARY
(Rev. 07/03) EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)					
HERRING AID COSCIALIST POLITICAL ACTION COMMITTEE					
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED	
	ID#				
8-04-08	CK# 1027	BETTY DE BOEF COMMIT	te CONTRIBUTION	\$50,00	
10/09/08	ID# 1612 CK#1028	CITIZENS FOR GRON	MAC CONTRIBUTION	250 º	
10/09/68	^{ID#} 464 ск# ₁₀₂₉	KIBBIE POR SeNATO	CONTRIBUTION	25000	
10/09/08	ID# 1439 CK# 1030	WIECK FOR JOUASO	MAE CONTRIBUTION	250°	
10/09/08	CK# 1031	McCARTHY FOR STATE	e Rop Contribution	250 €	
10/09/08	ID# 564 CK# 1032	Murphy for State Re	o CONTRIBUTION	25000	
10/09/03	ID# 662 CK# 1033	RANTS FOR State Ho	100 CONTRIBUTION	2500	
	ID#				
	CK#				
			SUB-TOTAL	\$	
			TOTAL (if last page of this schedule)	\$ 1,550.00	
		ATTO COMMITTEE ONLY			

THIS BOX APPLIES TO CANDIDATES' COMMITTEES	3 ONLY:	
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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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